

IF 2644

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Application Number	10/016,813
Filing Date	12/10/2001
First Named Inventor	Basavapatna P. Naganarayana
Art Unit	2644
Examiner Name	Laura Grier
Attorney Docket Number	205235-87759

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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44200

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☒ The address associated with  
Customer Number:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Honigman Miller Schwartz and Cohn LLP				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

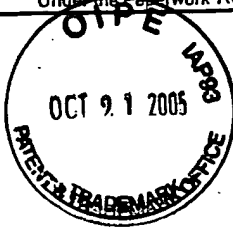
Signature					
Name	S. Shunkar				
Date	10/5/05	Telephone	248-920-0011 x 229		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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